

AO 250 (Rev. 09/2024) Pro Se Motion for Compassionate Release

ATTACHMENT 1

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF _____

UNITED STATES OF AMERICA

Case No. 0:23-CR-00218-DSD-DT
(Write the number of your criminal case.)

v.

Charles Edward Fields

Write your full name here.

RECEIVED BY MAIL

JUL 14 2025

CLERK, U.S. DISTRICT COURT
MINNEAPOLIS, MINNESOTA

PROPOSED RELEASE PLAN

In Support of Motion for Sentence Reduction Under 18 U.S.C. § 3582(c)(1)(A)

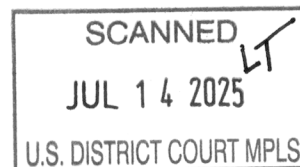
NOTICE

The public can access electronic court files. Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain a person's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include *only* the last four digits of a social security number, the year of a person's birth, a minor's initials, and the last four digits of a financial account number.

If you provide information in this document that you believe should not be publicly available, you may request permission from the court to file the document under seal. If the request is granted, the document will be placed in the electronic court files but will not be available to the public.

Do you request that this document be filed under seal?

☒ Yes ☐ No



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To the extent the following information is available to you, please include the information requested below. This information will help the U.S. Probation and Pretrial Services Office prepare for your release if your motion is granted.

A. Housing and Employment

Provide the full address where you intend to reside if you are released from prison.

2923 S. Coon Creek Drive
Andover, MN 55304

Provide the name and phone number of the property owner or renter of the address where you will reside if you are released from prison.

Katherine Fields - owner
763-458-2692

Provide the names (if under the age of 18, please use only their initials), ages, and relationship to you of any other residents living at the above-listed address.

Charles Fields II - 20 - son Elizabeth Fields - 18 - daughter
M.F. - 16 - son

Do you know where you will work if you are released? If so, please provide the name and address of the employer and describe your job duties. If you do not have a specific employer, please describe the type of work you plan to do upon release.

Ed Fields and Sons - 15421 Round lake blud Andover, MN 55304
Farmer - Manager of Farming operations

List any additional housing or employment resources available to you.

B. Medical Needs

Will you require ongoing medical care if you are released from prison?

☐ Yes ☒ No

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Will you have access to health insurance if released?

☒ Yes ☐ No

If yes, provide the name of your insurance company and the last four digits of the policy number.

Blue Cross Blue Shield of MN - 1001
Group Plan

If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government medical services (Medicaid/Medicare)?

☐ Yes ☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☐ Yes ☐ No

If yes, please include them with your motion.

If no, where are the records located?

Are you prescribed medication in the facility where you are incarcerated?

☒ Yes ☐ No

If yes, list all prescribed medication, dosage, and frequency.

Pramipexole .125 mg 1 time daily
Prazosin 1 mg 1 time daily

Do you require durable medical equipment (e.g., wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes ☒ No

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If yes, list equipment required.

Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes ☒ No

If yes, list the required assistance and how it will be provided.

Do you require assisted living?

☐ Yes ☒ No

If yes, provide the address of the anticipated home or facility and the source of funding to pay for it.

Are the people you are proposing to reside with aware of your medical needs?

☒ Yes ☐ No

Do you have other community support that can assist with your medical needs?

☐ Yes ☐ No NA

Provide their names, ages, and relationship to you. If the person is under the age of 18, please use only their initials.

Will you have transportation to and from your medical appointments?

☐ Yes ☐ No NA

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Describe the method of transportation.

SIGNATURE

I declare under penalty of perjury that the facts stated in this attachment are true and correct.

7-7-25

Date

Charles Fields

Signature

Charles Fields

Printed Name

66628-510

Federal Bureau of Prisons Register No.

FPC - Duluth

Federal Bureau of Prisons Facility

Federal Prison Camp

Institution's Address

Duluth, MN P.O. BOX 100
55814